Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF INDIANA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Ronald First name	 Amber First name
		Jeffery Middle name	 Jean Middle name
	Bring your picture identification to your	Gardner	Gardner
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		Amber Jean Bytheway
	Include your married or maiden names.		Amber Jean Humphers
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1835	xxx-xx-2219

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Debtor 1 Ronald Jeffery Gardner
Debtor 2 Amber Jean Gardner Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	1919 Hiker Trce	If Debtor 2 lives at a different address:		
		Columbus, IN 47203 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Bartholomew			
		County	County		
a		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1 Ronald Jeffery Gardner Debtor 2 Amber Jean Gardner					Case number (if known)		
Par	t 2: Tell the Court About	our Bankruptcy	Case				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	☐ Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		Chapter 13					
8.	How you will pay the fee	about how order. If yo a pre-printe	you may pay. Typ ur attorney is subr ed address.	ically, if you are paying the fee yo nitting your payment on your beha	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
				s (Official Form 103A).	on, sign and attach the Application for Individuals to Pay		
		but is not re applies to y	equired to, waive your family size an	your fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
		Distric		When			
		Distric Distric		When When	Case number Case number		
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		Debto	r		Relationship to you		
		Distric	rt	When	Case number, if known		
		Debto	r		Relationship to you		
		Distric	et	When	Case number, if known		
11.	Do you rent your	□ No. Go to	o line 12.				
	residence?	■ Yes. Has	your landlord obta	ined an eviction judgment agains	t you?		
			No. Go to line	12.			
		_	Yes. Fill out <i>Ini</i> bankruptcy pet		Judgment Against You (Form 101A) and file it with this		

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	otor 1 Ronald Jeffery Ga			Case number (if known)	
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor	
12. Are you a sole proprietor of any full- or part-time business?		■ No.	Go to Part 4.		
		☐ Yes.	Name and location of bus	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any		
			Number, Street, City, Sta	te & ZIP Code	
	it to this petition.		Check the appropriate bo	x to describe your business:	
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
		Stockbroker (as defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
			■ None of the above	e	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow			
	debtor? For a definition of small	■ No.	I am not filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have An	/ Hazardous Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?		
	For example, do you own perishable goods, or		Where is the property?		
				Number, Street, City, State & Zip Code	

Pg 5 of 71 **Ronald Jeffery Gardner** Debtor 1 Debtor 2 **Amber Jean Gardner** Case number (if known) Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5: About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a certificate choices. If you cannot do a certificate of completion. so, you are not eligible to of completion. file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. days after I made my request, and exigent request, and exigent circumstances merit a 30-day circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so. Active duty. Active duty.

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

military combat zone.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

combat zone.

of credit counseling with the court.

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	tor 1 tor 2	Ronald Jeffery Ga Amber Jean Gardi				Case nu	umber (if known)		
Part	6:	Answer These Questi	ons for R	eporting Purposes					
	What	kind of debts do	16a.						
	,	,		□ No. Go to line 16b.					
				Yes. Go to line 17.	Yes. Go to line 17.				
			16b.		Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
				□ No. Go to line 16c.					
				☐ Yes. Go to line 17.					
			16c.	State the type of debts you owe that	at are not consum	ner debts or bus	siness debts		
17.		ou filing under ter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.				
	after	ou estimate that any exempt erty is excluded and	☐ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available				strative expenses	
	admi	administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?			☐ Yes					
18.	How many Creditors do		□ 1-49		1 ,000-5,000		25,001-50,000		
		you estimate that you owe?	50-99		☐ 5001-10,000		☐ 50,001-100,000		
			☐ 100-1 ☐ 200-9		10,001-25,00	00	☐ More than100,000		
19.		much do you	\$0 - \$	50,000	□ \$1,000,001 -	\$10 million	□ \$500,000,001 - \$1	billion	
	estim be w	nate your assets to orth?	□ \$50,0	01 - \$100,000	\$10,000,001		□ \$1,000,000,001 - \$		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - ☐ More than \$50 billion			
20.		much do you	□ \$0 - \$	50,000	□ \$1,000,001 -	\$10 million	□ \$500,000,001 - \$1	billion	
	estin to be	nate your liabilities ?	\$50,0	001 - \$100,000	\$10,000,001		\$1,000,000,001 - \$		
				001 - \$500,000 001 - \$1 million	☐ \$50,000,001 ☐ \$100,000,00		☐ \$10,000,000,001 - ☐ More than \$50 billi		
Part	7:	Sign Below							
For	you		I have ex	amined this petition, and I declare u	nder penalty of p	erjury that the i	information provided is true and o	orrect.	
				chosen to file under Chapter 7, I am tates Code. I understand the relief a					
				rney represents me and I did not pay tt, I have obtained and read the notic				out this	
			I request	relief in accordance with the chapte	r of title 11, Unite	d States Code,	, specified in this petition.		
				and making a false statement, conce cy case can result in fines up to \$25					
				ald Jeffery Gardner Jeffery Gardner		/s/ Amber Jean	ean Gardner		
				e of Debtor 1		Signature of D			
			Executed	on December 12, 2019		Executed on	December 12, 2019		
				MM / DD / YYYY			MM / DD / YYYY		

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Debtor 1 Debtor 2 Ronald Jeffery G Amber Jean Gard		Case number (if known)		
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, d under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I have	Code, and have delivered to the	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)	
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify the schedules filed with the petition is incorrect.	at I have no knov	wledge after an inquiry that the information in the	
. 5	/s/ Thomas D. Bushhorn	Date	December 12, 2019	
	Signature of Attorney for Debtor		MM / DD / YYYY	
	Thomas D. Bushhorn 24573-79			
	Printed name			
	Law Office of Thomas D. Bushhorn, LLC			
	Firm name			
	1015 3rd St. Ste E			
	Columbus, IN 47201			
	Number, Street, City, State & ZIP Code			
	Contact phone 812.314.8404	Email address	bushhornlaw@att.net	
	24573-79 IN			
	Bar number & State			

-:11		_		
	Il in this information to identify your case:			
Der	Potent 1 Ronald Jeffery Gardner First Name Middle Name Last Name			
Deb	Amber Jean Gardner			
(Spo	ouse if, filing) First Name Middle Name Last Name			
Uni	nited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
	ase number			
(if kn	known)		_	if this is an led filing
∩f	fficial Form 106Sum			
	ummary of Your Assets and Liabilities and Certain Statistical Informa	ation	1	2/15
	as complete and accurate as possible. If two married people are filing together, both are equally response			
	ormation. Fill out all of your schedules first; then complete the information on this form. If you are filin ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	g amende	d schedul	es after you file
	art 1: Summarize Your Assets			
rai	Summarize Four Assets			
			Your as	sets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)			,
۱.	1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	17,540.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	17,540.00
Dar	art 2: Summarize Your Liabilities			
ıaı	Summanze rour Liabilities			
			Your lia Amount	i bilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)			•
۷.	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Sche</i>	dule D	\$	13,930.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		c	0.00
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	46,193.00
	Warm dated to		Φ.	
	Your total I	labilities	\$	60,123.00
Par	art 3: Summarize Your Income and Expenses	_		
	·			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	4,893.00
5.	Schedule J: Your Expenses (Official Form 106J)		•	4.504.00
	Copy your monthly expenses from line 22c of Schedule J		\$	4,504.00
Par	art 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the cou	ırt with you	r other sch	edules.
7.	■ Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual prin household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	marily for a	personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. On the court with your other schedules.	Check this	box and su	bmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 2	Amber Jean Gardner	Case number (if known)	
	n the <i>Statement of Your Current Monthly Income</i> : Cop N-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 L	, ,	\$ 7,455.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Ronald Jeffery Gardner

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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				_
Fill in this in	formation to identify your case a	and this filing:		
Debtor 1	Ronald Jeffery Gardne			
200101	First Name	Middle Name Last Name		
Debtor 2	Amber Jean Gardner			
(Spouse, if filing)	First Name	Middle Name Last Name		
United States	Bankruptcy Court for the: SOUT	THERN DISTRICT OF INDIANA		
Case number				☐ Check if this is an
				amended filing
Official E	Form 106A/B			
_				
Schedi	ule A/B: Propert	y		12/15
nformation. If r Answer every q	more space is needed, attach a sepa juestion.	ossible. If two married people are filing together, both are rate sheet to this form. On the top of any additional pages or Other Real Estate You Own or Have an Interest In		
l. Do you own	or have any legal or equitable intere	st in any residence, building, land, or similar property?		
■ No. Go to	Dort 2			
_				
☐ Yes. Whe	ere is the property?			
Part 2: Descr	ibe Your Vehicles			
□ No ■ Yes				
3.1 Make:	Chevy	Who has an interest in the property? Check one	Do not deduct secured of	aims or exemptions. Put ed claims on <i>Schedule D:</i>
Model:	Malibu	Debtor 1 only	Creditors Who Have Clair	
Year:	2016	Debtor 2 only	Current value of the	Current value of the
	mate mileage: 81,000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other in	nformation:	☐ At least one of the debtors and another		
•		Check if this is community property (see instructions)	\$11,500.00	\$11,500.00
		nd other recreational vehicles, other vehicles, and a stercraft, fishing vessels, snowmobiles, motorcycle according to the control of the con		

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	ebtor 1 ebtor 2	Ronald Jeffe Amber Jean		Case number	(if known)
6.		old goods and f es: Major applian	urnishings ces, furniture, linens, china, kitchenware		
	Yes.	Describe			
			Various Household Goods and Furnishings Includ Entertainment Center, Living Room Furniture, Dini Furniture, Bedroom Furniture, Kichen Appliances, Property	ing Room	\$1,500.00
7.	Electron Example	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; compute phones, cameras, media players, games	ers, printers, scanners	s; music collections; electronic devices
	☐ Yes.	Describe			
8.	Example □ No		figurines; paintings, prints, or other artwork; books, pictures, or ons, memorabilia, collectibles	r other art objects; sta	amp, coin, or baseball card collections;
			Various Books, CD's, DVD's, and Wall Pictures		\$140.00
	Firearn Examp No □ Yes. Clother Examp	oles: Pistols, rifles Describe s	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories Used Clothing		\$250.00
12	□ No		welry, costume jewelry, engagement rings, wedding rings, heirl Various Costume Jewelry Watches Wedding Bands	loom jewelry, watches	s, gems, gold, silver
13	Examp ☐ No	rm animals ples: Dogs, cats,			1
			Family pets		\$0.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

Exempt

■ No

Official Form 106A/B Schedule A/B: Property page 3

\$0.00

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Debtor 2	•		С	ase number (if known)	
□Y€	9S	Institution	name or individual:	_	
■ No	uities (A contract for a periodic pay o lss		or life or for a number of y	years)	
26 U ■ No				, ,	m.
25. Trus	sts, equitable or future interests in	n property (other than anythi	•	- ,,	able for your benefit
26. Pate <i>Exa</i>	ents, copyrights, trademarks, trad amples: Internet domain names, web	le secrets, and other intellect osites, proceeds from royalties		s	
Exa ■ No	enses, franchises, and other gene amples: Building permits, exclusive I o es. Give specific information about	icenses, cooperative association	on holdings, liquor licens	es, professional licenses	
Money	or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax	refunds owed to you				·
■ Ye	es. Give specific information about the	nem, including whether you alro	eady filed the returns and	d the tax years	
		Potential 2019 Tax Refu	ınd Proceeds	Federal & State	\$3,000.00
Exa ■ No	nily support amples: Past due or lump sum alimo o es. Give specific information	ny, spousal support, child supp	oort, maintenance, divord	e settlement, property sett	lement
Exa ■ No	er amounts someone owes you amples: Unpaid wages, disability ins benefits; unpaid loans you r os. Give specific information		nefits, sick pay, vacation	pay, workers' compensati	on, Social Security
31. Inte	rests in insurance policies amples: Health, disability, or life insu	rance; health savings account	(HSA); credit, homeown	er's, or renter's insurance	
	es. Name the insurance company of Company		Beneficiar	y:	Surrender or refund value:
		e Insurance Policy Througer - No Cash Surrender Va			\$0.00

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Debtor 1 Debtor 2	Ronald Jeffery Gardner Amber Jean Gardner	Case number (if known)	
If you some	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance prone has died.	olicy, or are currently entitled to rec	eive property because
■ No □ Yes.	. Give specific information		
	s against third parties, whether or not you have filed a lawsuit or made apples: Accidents, employment disputes, insurance claims, or rights to sue	a demand for payment	
■ No			
⊔ Yes.	. Describe each claim		
34. Other ■ No	contingent and unliquidated claims of every nature, including counter	claims of the debtor and rights to	o set off claims
☐ Yes.	. Describe each claim		
35. Any fi i	nancial assets you did not already list		
	. Give specific information		
	the dollar value of all of your entries from Part 4, including any entries Part 4. Write that number here		\$3,600.00
Part 5: De	escribe Any Business-Related Property You Own or Have an Interest In. List any	real estate in Part 1.	
37. Do you	own or have any legal or equitable interest in any business-related property?		
-	io to Part 6.		
☐ Yes.	Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property You Own or Have a you own or have an interest in farmland, list it in Part 1.	n Interest In.	
46. Do yo	u own or have any legal or equitable interest in any farm- or commerci	al fishing-related property?	
_	. Go to Part 7.		
☐ Yes	s. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List A	bove	
	u have other property of any kind you did not already list? nples: Season tickets, country club membership		
■ No			
☐ Yes.	. Give specific information		
54. Add	the dollar value of all of your entries from Part 7. Write that number he	re	\$0.00

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	otor 1 Ronald Jeffery Gardner Amber Jean Gardner			Case number (if known)	
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$11,500.00		
57.	Part 3: Total personal and household items, line 15		\$2,440.00		
58.	Part 4: Total financial assets, line 36		\$3,600.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$17,540.00	Copy personal property total	\$17,540.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$17,540.00

Case	19-09106-JMC-13	Doc 1	Filed 12/12/19	EOD 12/12/19 10	:04:41 P	g 16 of 71
Fill in this info	rmation to identify your case	e:			l	
Debtor 1	Ronald Jeffery Gardi	ner Middle Name	Last Nam	<u></u>		
Debtor 2 (Spouse if, filing)	Amber Jean Gardner		Last Nam			
			STRICT OF INDIANA	•		
Case number (if known)					_	heck if this is an mended filing
Official Fo	orm 106C le C: The Prop	erty Y	ou Claim as	Exempt		4/19
the property you	and accurate as possible. If tw listed on <i>Schedule A/B: Prope</i> nd attach to this page as man known).	e <i>rty</i> (Official Fo	orm 106A/B) as your sou	rce, list the property that you	claim as exem	pt. If more space is
specific dollar a any applicable s funds—may be exemption to a	f property you claim as exelumount as exempt. Alternati statutory limit. Some exemp unlimited in dollar amount. particular dollar amount and e statutory amount.	vely, you may tions—such a However, if y	y claim the full fair mar as those for health aids ou claim an exemption	ket value of the property be s, rights to receive certain b of 100% of fair market valu	ing exempted benefits, and ta ie under a law	up to the amount of ax-exempt retirement that limits the
Part 1: Ident	ify the Property You Claim a	as Exempt				
1. Which set of	of exemptions are you claim	ing? Check o	ne only, even if your spo	use is filing with you.		
■ You are	claiming state and federal non	bankruptcy ex	emptions. 11 U.S.C. §	522(b)(3)		
☐ You are o	claiming federal exemptions.	11 U.S.C. § 5	22(b)(2)			

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amount of the exemption you claim

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	ount of the exemption you claim	Specific laws that allow exemption	
Various Household Goods and Furnishings Including: TV, Entertainment Center, Living Room Furniture, Dining Room Furniture, Bedroom Furniture, Kichen Appliances, and Personal Property Line from Schedule A/B: 6.1	\$1,500.00	\$1,500.00 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)	
Various Books, CD's, DVD's, and Wall Pictures Line from Schedule A/B: 8.1	\$140.00	\$140.00 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)	
Used Clothing Line from Schedule A/B: 11.1	\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)	
Various Costume Jewelry Watches Wedding Bands Line from Schedule A/B: 12.1	\$550.00	\$550.00 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(4)	

Official Form 106C

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	otor 2 Ronald Jeffery Gardner Amber Jean Gardner			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Checking/Savings account: Navy Federal Credit Union	\$600.00		\$600.00	C.C.P. § 703.140(b)(5)
	Chase Bank (Checking) (Negative Bal)			100% of fair market value, up to any applicable statutory limit	
	Line from Schedule A/B: 17.1				
	Pension: Please Provide Line from Schedule A/B: 21.1	\$0.00		100%	C.C.P. § 703.140(b)(10)(E)
	Ellie Holli Gonedale A.B. 2111			100% of fair market value, up to any applicable statutory limit	
	401(K) Plan Through Employer - 100% Exempt	\$0.00		100%	C.C.P. § 703.140(b)(10)(E)
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
	Federal & State: Potential 2019 Tax Refund Proceeds	\$3,000.00		\$3,000.00	C.C.P. § 703.140(b)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 ■ No □ Yes. Did you acquire the property covere □ No □ Yes	3 years after that for ca	ises fi		

				· ·	
Fill in this information	on to identify you	r case:			
Debtor 1 R	Ronald Jeffery (Gardner			
	irst Name	Middle Name Last Name		-	
Debtor 2	mber Jean Ga	rdner			
(Spouse if, filing) Fi	irst Name	Middle Name Last Name			
United States Bankrup	ptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		_	
Case number					
(if known)				_	if this is an
				amend	ded filing
Official Form 10	06D				
Schedule D:	Creditors	Who Have Claims Secure	d by Propert	:V	12/15
		f two married people are filing together, both are equals, number the entries, and attach it to this form. C			
number (if known).				pagee,e year	
1. Do any creditors have	•				
	box and submit th	nis form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
Yes. Fill in all of	of the information I	pelow.			
Part 1: List All Se	cured Claims				
		nore than one secured claim, list the creditor separately		Column B	Column C
		a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Credit Accept	tance	Describe the property that secures the claim:	value of collateral. \$13,930.00	claim \$11,500.00	If any \$2,430.00
Creditor's Name		2016 Chevy Malibu 81,000 miles		· · · · · · · · · · · · · · · · · · ·	
25505 West 1: Suite 3000	2 Mile Rd	As of the date you file, the claim is: Check all that			
Southfield, M	I 48034	apply.			
Number, Street, City,		☐ Contingent ☐ Unliquidated			
rumbor, euros, eny,	otato a z.p odao	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		■ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the de	btors and another	☐ Judgment lien from a lawsuit			
Check if this claim r community debt	relates to a	Other (including a right to offset)			
	Opened				
Date debt was incurred	01/19 Last Active 11/19	Last 4 digits of account number 4566			
Date dept was illuffed	ACTIVE 11/19	Last 7 digits of account number			
	-	olumn A on this page. Write that number here:	\$13,9	30.00	
If this is the last page Write that number he	•	the dollar value totals from all pages.	\$13,9	30.00	
			-		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Eill i	n this inform	nation to identify your	case:			
Debt	or 1	Ronald Jeffery Ga	ardner Middle Name	Last Name		
Debt	or 2	Amber Jean Gard		Edot Hamo		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT O	F INDIANA		
Case	number					
(if know						☐ Check if this is an
						amended filing
Offi	cial Form	n 106E/F				
Sch	edule E	/F: Creditors W	ho Have Unsecur	ed Claims		12/15
Sched Sched eft. A	ule G: Execut lule D: Credito ttach the Con and case nun	tory Contracts and Unexp ors Who Have Claims Sec	ired Leases (Official Form 106 ured by Property. If more spac ge. If you have no information (G). Do not include te is needed, copy	contracts on Schedule A/B: Property (any creditors with partially secured c the Part you need, fill it out, number th do not file that Part. On the top of any	laims that are listed in ne entries in the boxes on the
		ors have priority unsecure				
_	No. Go to P	. ,	a ciamo agamer you :			
_	= No. G0 t0 F: □ Yes.	art z.				
	⊒ res.					
Part	2: List Al	I of Your NONPRIORIT	Y Unsecured Claims			
3. C	o any credito	ors have nonpriority unsec	cured claims against you?			
	☐ No. You hav	ve nothing to report in this p	art. Submit this form to the court	with your other sche	edules.	
ı	Yes.					
u th	nsecured clain	n, list the creditor separately	y for each claim. For each claim	listed, identify what t	b holds each claim. If a creditor has mo ype of claim it is. Do not list claims alrea three nonpriority unsecured claims fill or	dy included in Part 1. If more
						Total claim
4.1		Agency Inc	Last 4 digits o	f account number	3310	\$142.00
	Attn: Ba 8668 Sp	ankruptcy pring Mountain Road uas. NV 89117		debt incurred?	Opened 02/19	
	Number St	treet City State Zip Code rred the debt? Check one.	As of the date	you file, the claim	s: Check all that apply	
	Debtor	1 only	☐ Contingent			
	☐ Debtor	2 only	☐ Unliquidated	d		
	☐ Debtor	1 and Debtor 2 only	Disputed			
		t one of the debtors and and	other Type of NONP	RIORITY unsecure	d claim:	
	_	if this claim is for a com	Па	าร		
	debt	m subject to offset?	-		ration agreement or divorce that you did	not
	■ No		☐ Debts to per	nsion or profit-sharin	g plans, and other similar debts	
	☐ Yes		Other. Spec	Collection	Attorney Southern California	

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2 Amber Jean Gardner		Case number (if known)		
Bonneville Collections	Last 4 digits of account number	9346	\$552.	
Nonpriority Creditor's Name Po Box 150621	When was the debt incurred?	Opened 5/15/14 Last Active 04/14		
Ogden, UT 84415 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.	As of the date you file, the claim	ъ. Спеск ан тпат арріу		
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify Rocky Mou	ıntain		
Bonneville Collections	Last 4 digits of account number	4225	\$158.	
Nonpriority Creditor's Name	_	One and 40/44 Least Active		
Po Box 150621 Ogden, UT 84415	When was the debt incurred?	Opened 10/14 Last Active 12/13		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not		
No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify Medical De	bt Mountain Utah F		
Bonneville Collections	Last 4 digits of account number	4224	\$158.	
Nonpriority Creditor's Name Po Box 150621		Opened 10/14 Last Active		
Ogden, UT 84415	When was the debt incurred?	12/13		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.				
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
☐ Check if this claim is for a community				
debt				
Is the claim subject to offset?	report as priority claims			
No	Debts to pension or profit-sharing	- '		
☐ Yes	Other. Specify Medical De	bt Mountain Utah F		

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Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6571	\$535.00					
Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 05/18 Last Active 11/19						
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i							
Debtor 1 only	☐ Contingent							
Debtor 2 only	☐ Unliquidated							
■ Debtor 1 and Debtor 2 only	Disputed							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans							
	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
Yes	Other. Specify Credit Card	<u> </u>						
Cascade Capital, LLC	Last 4 digits of account number	0164	\$7,213.00					
Nonpriority Creditor's Name c/o Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090	When was the debt incurred?	Opened 03/15 Last Active 3/06/17						
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
Debtor 1 only	☐ Contingent							
Debtor 2 only	☐ Unliquidated							
_	_ `							
Debtor 1 and Debtor 2 only	■ Disputed Type of NONPRIORITY unsecured	l claim:						
At least one of the debtors and another	Student loans	a Glaiiii.						
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not						
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts						
Yes	Other Specify Repossess	ion Deficiency						
Chase Bank	Last 4 digits of account number	1627	\$232.00					
Nonpriority Creditor's Name POB 36520	When was the debt incurred?	10/18/19						
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
Who incurred the debt? Check one.								
☐ Debtor 1 only	☐ Contingent							
Debtor 2 only	Unliquidated							
Debtor 1 and Debtor 2 only	■ Disputed							
At least one of the debtors and another								
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
No	Debts to pension or profit-sharin	g plans, and other similar debts						
— INO	200.0 to periodor or profit offdilli	J F 400.0						

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Debto Debto	r 1 Ronald Jeffery Gardner Amber Jean Gardner		Case number (if known)	
4.8	Citibank North America	Last 4 digits of account number	7229	\$503.00
	Nonpriority Creditor's Name Citibank SD MC 425 5800 South Corp Place Sioux Falls, SD 57108	When was the debt incurred?	Opened 05/19 Last Active 11/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.9	Columbia Debt Recovery Nonpriority Creditor's Name	Last 4 digits of account number	6425	\$4,001.00
	1309 120th Avenue Ne Bellevue, WA 98009	When was the debt incurred?	Opened 10/28/15	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify 09 Tustin A	partments	
4.1	Columbus Regional Hospital	Last 4 digits of account number	2742	\$393.00
	Nonpriority Creditor's Name POB 2129 Columbus, IN 47202-2129	When was the debt incurred?	2018	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical		

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otor 1 Ronald Jeffery Gardner Amber Jean Gardner		Case number (if known)	
Complete Real Estate Solutions, LLC	Last 4 digits of account number	none	\$1,134.00
Nonpriority Creditor's Name 859 Riverside Drive, Ste 2 Greenwood, IN 46142	When was the debt incurred?	12/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	■ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Broken Lea	ase	
Credit Collection Services	Last 4 digits of account number	7284	\$458.00
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 05/14	
725 Canton St Norwood, MA 02062			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Collection	Attorney Progressive	
Credit One Bank	Last 4 digits of account number	8769	\$2,100.00
Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873	When was the debt incurred?	Opened 03/19 Last Active 11/19	
Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	■ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	o plans, and other similar debts	
☐ Yes	Other. Specify Credit Card	1	

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Amber Jean Gardner Case number			
Dept Of Interior Fcu	Last 4 digits of account number	0001	\$312.00
Nonpriority Creditor's Name	_		
1849 C St Nw Rm B038 Washington, DC 20240	When was the debt incurred?	Opened 10/13 Last Active 06/14	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Unsecured		
Earning Active Hours	Last 4 digits of account number	2219	\$200.00
Nonpriority Creditor's Name POB 46	When was the debt incurred?	8/19	
Palo Alto, CA 94301 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Paydayloar	1	
Enterprise Rent A Car	Last 4 digits of account number	4937	\$14.00
Nonpriority Creditor's Name POB 26501	When was the debt incurred?	2018	
Indianapolis, IN 46226 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	rio er ano dato you me, ano etamo	er chook an arat apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Fee		

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Fair Services	Last 4 digits of account number	4404	\$1,200.00
Nonpriority Creditor's Name POB 206536 Dallas, TX 75320-6536	When was the debt incurred?	2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Mileage		
Fairway Collections	Last 4 digits of account number	1608	\$0.00
Nonpriority Creditor's Name		Opened 8/08/16 Last Active	
1616 S. Gold Street Suite 5 Centralia, WA 98531	When was the debt incurred?	6/26/18	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	Пол		
Debtor 1 only	☐ Contingent ☐ Unliquidated		
Debtor 2 only	<u> </u>		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	■ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Medical De	bt Yelm Family Med	
Financial Assistance, Inc	Last 4 digits of account number	7489	\$1,210.00
Nonpriority Creditor's Name Attn: Bankruptcy 1130 140th Ave Ne, Ste 100a Bellevue, WA 98005	When was the debt incurred?	Opened 10/16 Last Active 04/14	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharin		
Yes	Other. Specify Negative S	Attorney Obee Credit Union -	

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Financial Cntr First C	Last 4 digits of account number	1535	\$141.00
Nonpriority Creditor's Name P.o. Box 26501 Indianapolis, IN 46226	When was the debt incurred?	2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify NSF		
First PREMIER Bank	Last 4 digits of account number	3561	\$351.00
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 9/14/18 Last Active	
Po Box 5524 Sioux Falls, SD 57117	When was the debt incurred?	11/01/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
First PREMIER Bank	Last 4 digits of account number	6956	\$439.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524	When was the debt incurred?	Opened 11/27/15 Last Active 6/01/16	
Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	og plane, and other similar debte	
■ No			
Yes	Other. Specify Credit Card	1	

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Amber Jean Gardner	Case number (if known)		
I.c. System, Inc Nonpriority Creditor's Name	Last 4 digits of account number	3496	\$226.00
Attn: Bankruptcy Po Box 64378 St. Paul, MN 55164	When was the debt incurred?	Opened 09/14	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Healthcare	Attorney Intermountain	
I.c. System, Inc	Last 4 digits of account number	4341	\$75.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 05/14	
St. Paul, MN 55164 Jumber Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Healthcare	Attorney Intermountain	
.c. System, Inc	Last 4 digits of account number	6793	\$192.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 06/14	
St. Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim i	is: Chack all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim i	в. Спеск ан шасарру	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	Collection A Other. Specify Healthcare	Attorney Intermountain	

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Amber Jean Gardner	Case number (if known)		
I.c. System, Inc Nonpriority Creditor's Name	Last 4 digits of account number	6797	\$150.00
Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 06/14	
St. Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.		,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	■ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other. Specify Healthcare	Attorney Intermountain	
I.c. System, Inc	Last 4 digits of account number	7384	\$182.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 03/14	
St. Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Healthcare	Attorney Intermountain	
.c. System, Inc	Last 4 digits of account number	3030	\$186.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 04/14	
St. Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim i	ice Charle all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim	15. Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Collection A Healthcare	Attorney Intermountain	

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2 Amber Jean Gardner		Case number (if known)		
I.c. System, Inc	Last 4 digits of account number	3053	\$113.00	
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 04/14		
St. Paul, MN 55164 Number Street City State Zip Code	As of the date you file, the claim i	is: Chack all that apply		
Who incurred the debt? Check one.	As of the date you file, the claim i	в. Спеск ан тат арру		
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
□Yes	■ Other. Specify Collection A Healthcare	Attorney Intermountain		
Jefferson Capital Systems, LLC Nonpriority Creditor's Name	Last 4 digits of account number	7003	\$1,404.00	
Po Box 1999 Saint Cloud, MN 56302	When was the debt incurred?	Opened 06/18 Last Active 10/15		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset? —	report as priority claims	aration agreement or divorce that you did not		
No	Debts to pension or profit-sharing			
☐ Yes	■ Other. Specify Wireless	Company Account Verizon		
Klarna Nonpriority Creditor's Name	Last 4 digits of account number	2148,06Q1	\$2,000.00	
629 N High St Columbus, OH 43215	When was the debt incurred?	1/19		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
☐ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
■ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	og plans, and other similar debts		
□ Yes	Other. Specify Online Loa	n		

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Kohls/Capital One	Last 4 digits of account number	2978	\$226.00
Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 09/18 Last Active 10/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	Пол		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	■ Disputed Type of NONPRIORITY unsecured	d alaim.	
At least one of the debtors and another	Student loans	u Claiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Charge Acc	count	
Linebarger Goggan Blair & Sampson	Last 4 digits of account number	5878	\$259.00
Nonpriority Creditor's Name POB 3856 Urbandale, IA 50323-3856	When was the debt incurred?	2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
□ Yes	Other. Specify Collection		
LVNV Funding/Resurgent Capital		0847	\$588.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	Last 4 digits of account number When was the debt incurred?	Opened 02/17 Last Active 07/16	φ300.00
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	Factoring C Other. Specify Bank N.A.	Company Account Credit One	

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NetCredit	Last 4 digits of account number	3548	\$1,992.0
Nonpriority Creditor's Name 175 W. Jackson Blvd., Suite 1000		Opened 10/18 Last Active	
Chicago, IL 60604	When was the debt incurred?	11/01/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_	☐ Contingent		
Debtor 1 only	☐ Unliquidated		
Debtor 2 only	<u> </u>		
Debtor 1 and Debtor 2 only	■ Disputed Type of NONPRIORITY unsecure	ed claim:	
At least one of the debtors and another	Student loans	o ciami.	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a sep	aration agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-shari	ng plane, and other similar debte	
■ No □ Yes	·		
⊔ Yes	Other. Specify Unsecured		
North American Recovery	Last 4 digits of account number	7462	\$189.00
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 07/14 Last Active	
Po Box 271014	When was the debt incurred?	03/14	
Salt Lake City, UT 84127 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	із. Спеск ан тлат арріу	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
Yes	Other. Specify Collection	Attorney Centracom Interactive	
Paramount	Last 4 digits of account number	633S	\$7,213.00
Nonpriority Creditor's Name	_		-
3287 S Highway 89 Bountiful, UT 84010	When was the debt incurred?	Opened 1/25/14 Last Active 12/31/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	■ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	·	sion Deficiency. Debt collector	
	inflated all	eged obligation. Debtor disputes	
☐ Yes	Other. Specify any and al		

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Amber Jean Gardner		Case number (if known)	
Pentagon Federal Cr Un	Last 4 digits of account number	0189	\$0.00
Nonpriority Creditor's Name Attention: Bankruptcy Po Box 1432 Alexandra, VA 22314	When was the debt incurred?	Opened 12/12 Last Active 8/16/13	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Unsecured		
Prime Acceptance Corp	Last 4 digits of account number	0196	\$0.0
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 01/09 Last Active	
Po Box 768 Sandy, UT 84091 Number Street City State Zip Code	As of the date you file, the claim i	02/13 s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin		
Yes	Other. Specify Automobile	9	
Pro Collect, Inc	Last 4 digits of account number	4108	\$698.0
Nonpriority Creditor's Name Attn: Bankruptcy 12170 N Abrams Road, Suite 100	When was the debt incurred?	Opened 8/01/16	
Dallas, TX 75243 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
■ Debtor 2 only □ Debtor 1 and Debtor 2 only	■ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?		ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐Yes	Other. Specify Medical		

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Amber Jean Gardner			
Pro Collect, Inc	Last 4 digits of account number	2098	\$634.00
Nonpriority Creditor's Name Attn: Bankruptcy 12170 N Abrams Road, Suite 100	When was the debt incurred?	Opened 7/25/16	
Dallas, TX 75243 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	■ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		
Ra Rogers Inc Coll C Nonpriority Creditor's Name	Last 4 digits of account number	3586	\$0.00
2135 Espey Ct, #7 Crofton, MD 21114	When was the debt incurred?	Opened 10/14 Last Active 06/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Interior Fed	dera	
Renton Collection Services	Last 4 digits of account number	2219	\$1,396.00
Nonpriority Creditor's Name 211 Morris Ave S, Renton, WA 98057	When was the debt incurred?	2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Collection	for Olympia ER	

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1 Ronald Jeffery Gardner 2 Amber Jean Gardner		Case number (if known)		
SCE (Southern California Edison)	Last 4 digits of account number	8161	\$220.00	
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 800 Rosemead, CA 91770	When was the debt incurred?	Opened 10/16 Last Active 09/17		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
Debtor 1 only	☐ Contingent			
Debtor 2 only	Unliquidated			
Debtor 1 and Debtor 2 only	■ Disputed	Lateta		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
□ Yes	Other. Specify Telephone	g prairie, and onto a minar about		
Security Credit Services	Last 4 digits of account number	5683	\$2,814.00	
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1156	When was the debt incurred?	Opened 03/18 Last Active 04/13		
Oxford, MS 38655 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community debt	☐ Student loans			
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	•		
Yes	Other. Specify Collection	Attorney Purchasing Power Llc		
Sequoia Financial Svcs	Last 4 digits of account number	2168	\$220.00	
Nonpriority Creditor's Name Attn: Bankruptcy 28632 Roadside Dr , Ste 110	When was the debt incurred?	Opened 04/19		
Agoura Hills, CA 91301 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
\square Check if this claim is for a community debt		ration agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims			
No	Debts to pension or profit-sharing			
☐ Yes	■ Other. Specify Collection	Attorney City Of Riverside		

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Synchrony Bank/Care Credit	Last 4 digits of account number	7775	\$986.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 01/19 Last Active 10/20/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Synchrony Bank/Lowes	Last 4 digits of account number	7575	\$297.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 12/18 Last Active 10/19	
Orlando, FL 32896 Jumber Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	■ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a claim:	
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	• •	
Yes	Other. Specify Charge Acc	count	
Synchrony Bank/PayPal Cr	Last 4 digits of account number	5378	\$0.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 1/17/08 Last Active 1/20/10	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	■ Other. Specify Charge Acc		

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	onald Jeffery Gardner mber Jean Gardner		Case number (if known)		
1.5 Targ	aet	Last 4 digits of account number		\$200.00	
Nonpi Attn	riority Creditor's Name :: Bankruptcy Box 9475	When was the debt incurred? As of the date you file, the claim is: Check all that apply		7-55150	
Minr Numb	neapolis, MN 55440 per Street City State Zip Code incurred the debt? Check one.				
	ebtor 1 only	☐ Contingent			
	ebtor 2 only	☐ Unliquidated			
_	ebtor 1 and Debtor 2 only	Disputed			
_	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	heck if this claim is for a community	☐ Student loans			
debt	e claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
■ No	0	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
☐ Ye	Yes Other. Specify Credit Cards				
1	Business Office	Last 4 digits of account number	2742	\$393.00	
POB	riority Creditor's Name 3 379 ensburg, IN 47240	When was the debt incurred?	2018		
Numb	or Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
□ De	ebtor 1 only	☐ Contingent			
□ De	ebtor 2 only	☐ Unliquidated			
■ De	ebtor 1 and Debtor 2 only	Disputed			
☐ At	t least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
debt	heck if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
Is the	•	report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
■ No		Other. Specify Medical			
5		· · · · · · · · · · · · · · · · · · ·			
Upii	ft, Inc.	Last 4 digits of account number	3347	\$258.00	
801	riority Creditor's Name El Camino Real Ilo Park, CA 94025	When was the debt incurred?	Opened 04/19 Last Active 10/19		
Numb	per Street City State Zip Code incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
■ De	ebtor 1 only	☐ Contingent			
□ De	ebtor 2 only	☐ Unliquidated			
□ De	ebtor 1 and Debtor 2 only	Disputed			
☐ At	t least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
debt	heck if this claim is for a community	☐ Student loans ☐ Obligations arising out of a sepa			
Is the	-	report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
— No		Other. Specify Unsecured			

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	or 2 Amber Jean Gardner		Case number (if kno	own)
4.5 3	Uscb Corporation	Last 4 digits of account number	2588	\$1,636.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 75	When was the debt incurred?	Opened 01/19 06/16	Last Active
	Archbald, PA 18403 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that appl	у
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sep	aration agreement or o	divorce that you did not
	Is the claim subject to offset?	report as priority claims	aration agreement or c	avoice that yet did not
	■ No	Debts to pension or profit-shari	ng plans, and other sir	nilar debts
	☐ Yes	Other. Specify Collection	Attorney Penn F	Foster School
Part :	3: List Others to Be Notified About a De	ebt That You Already Listed		
is tr have	this page only if you have others to be notified ying to collect from you for a debt you owe to s e more than one creditor for any of the debts th fied for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then li	
	and Address	On which entry in Part 1 or Part 2 did you	_	
	x Systems 5 Hudson Rd, Ste 100			h Priority Unsecured Claims
	t Paul, MN 55125		Part 2: Creditors wit	h Nonpriority Unsecured Claims
	·	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did you	u list the original credit	or?
	x Systems	Line <u>4.20</u> of (<i>Check one</i>):	Part 1: Creditors wit	h Priority Unsecured Claims
	5 Hudson Rd, Ste 100 t Paul, MN 55125		Part 2: Creditors wit	h Nonpriority Unsecured Claims
Juin	11 dai, iiit 66126	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you	_	
	x Systems			h Priority Unsecured Claims
	5 Hudson Rd, Ste 100 t Paul, MN 55125		Part 2: Creditors wit	h Nonpriority Unsecured Claims
	,,	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you	_	
	ımbus Regional Hospital 3 2129			h Priority Unsecured Claims
	imbus, IN 47202-2129		Part 2: Creditors wit	h Nonpriority Unsecured Claims
	· ·	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you		
	lit One Bank ∣S Cimarron Rd			h Priority Unsecured Claims
	Vegas, NV 89113		Part 2: Creditors wit	h Nonpriority Unsecured Claims
		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did you	u list the original credit	or?
	ncial and Retail Services			h Priority Unsecured Claims
_	s 9491 neapolis, MN 55440		Part 2: Creditors wit	h Nonpriority Unsecured Claims
		Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did you	u list the original credite	or?
	rior FCU		_	h Priority Unsecured Claims
	OC St NW hington, DC 20240		Part 2: Creditors wit	h Nonpriority Unsecured Claims
	J, 	Last 4 digits of account number		

Official Form 106 E/F

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Debtor 1 Ronald Jeffery Gardner Debtor 2 Amber Jean Gardner		Case number (if known)
Name and Address Intermountain Healthcare 36 S State Street Salt Lake City, UT 84111		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Obee Credit Union 8665 Martin Way E Olympia, WA 98516		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Olympia Medical 5900 W Olympic Blvd, Los Angeles, CA 90036		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Penn Foster 925 Oak St Scranton, PA 18515		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Progressive POB 31260 Tampa, FL 33631		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address RCI 211 Morris Ave S, Renton, WA 98057		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Southern California Edison PON 6109 Covina, CA 91722 Name and Address The Business Office POB 379 Greensburg, IN 47240	Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.10 of (Check one):	 □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Verizon Attn: Wireless Bankrupty Admin 500 Technology Dr Ste 500 Weldon Springs, MO 63304	On which entry in Part 1 or Part 2 did you Line 4.30 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Part 4: Add the Amounts for Each Type of 0. 6. Total the amounts of certain types of unsecured c type of unsecured claim.		reporting purposes only. 28 U.S.C. §159. Add the amounts for each

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
			_	
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6b. 6c.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated	6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6c.	6b. Taxes and certain other debts you owe the government 6b. \$ 6c. Claims for death or personal injury while you were intoxicated 6c. \$

Debtor 1 Ronald Jeffery Gardner Debtor 2 Amber Jean Gardner Case number (if known) Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** Student loans 6f. 6f. 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 46,193.00 Total Nonpriority. Add lines 6f through 6i. 6j. 46,193.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Ronald Jeffery G	ardner		
	First Name	Middle Name	Last Name	
Debtor 2	Amber Jean Gard	Iner		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Complete Real Estate Solutions, LLC 859 Riverside Drive, Ste 2 Greenwood, IN 46142 **Residental Lease**

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					_
Fill in this	information to identify yo	ur case:			
Debtor 1	Ronald Jeffery	Gardner			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	Amber Jean Ga First Name	Irdner Middle Name	Last Name		
	tes Bankruptcy Court for the	: SOUTHERN DISTRICT	OF INDIANA		
Case numb	hor				
(if known)					☐ Check if this is an amended filing
Official	l Form 106H				
	lule H: Your Co	debtors			12/15
ill it out, a our name	nd number the entries in the and case number (if know	he boxes on the left. Attach n). Answer every question.	the Additional Page	to this page. On the top o	eded, copy the Additional Page, of any Additional Pages, write
1. Do <u>y</u>	you have any codebtors?	(If you are filing a joint case, o	do not list either spouse	e as a codebtor.	
■ No □ Yes	s				
Arizon 		ou lived in a community prona, Nevada, New Mexico, Pu			states and territories include
		oouse, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor onl	y if that person is a guarant	tor or cosigner. Make	sure you have listed the	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	d ZIP Code		Column 2: The credi	tor to whom you owe the debt that apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	e
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	_
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	

Fill in this informa	ation to identify your case:	
Debtor 1	Ronald Jeffery Gardner	
Debtor 2 (Spouse, if filing)	Amber Jean Gardner	
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	orm 106I	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Sales Management Lead Supervisor Include part-time, seasonal, or **Employer's name Competition Suspension Inc. US Dept of Defense** self-employed work. **Employer's address** Occupation may include student 3800 N, IN-267 unit c, 8899 E. 56th St or homemaker, if it applies. Brownsburg, IN 46112 Indianapolis, IN 46204 How long employed there? 1 month 8 yrs

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

filing spouse	non-			
3,986.00	\$	2,773.00	\$_	2.
0.00	+\$	0.00	+\$_	3.
3,986.00	\$_	2,773.00	\$_	4.

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

Debt Debt		Ronald Jeffery Gardner Amber Jean Gardner		,	Case	e number (<i>if k</i> i	nown) _				
	_					r Debtor 1			For Debtor	spouse		
	Cop	y line 4 here	4.		\$ __	2,773	3.00	<u> </u>	\$3	,986.0	00_	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	а.	\$	637	7.00)	\$	876.0	00	
	5b.	Mandatory contributions for retirement plans	5b	ο.	\$_		0.00	<u> </u>	\$	0.0	00	
	5c.	Voluntary contributions for retirement plans	50		\$_		0.00)	\$	200.0		
	5d.	Required repayments of retirement fund loans	5d		\$_		0.00	_	\$	23.0	0	
	5e.	Insurance	5e		\$_		0.00	_	\$	380.0	_	
	5f.	Domestic support obligations	5f.		\$_		0.00	_	\$	0.0	_	
	5g.	Union dues	5g		\$_		0.00		\$	0.0		
	5h.	Other deductions. Specify:	_	1.+	\$_) +		0.0		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	63	7.00	<u>) </u>	\$1	,479.0	00_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,130	6.00	<u>) </u>	\$2	,507.0	00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a		\$		0.00		¢	0.6	10	
	8b.	monthly net income. Interest and dividends	8b		\$ \$		0.00 0.00	_	\$	0.0	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		Ψ_ \$		0.00		\$	0.0		
	8d.	Unemployment compensation	8d		\$-		0.00	_	\$	0.0		
	8e.	Social Security	8e		\$		0.00	_	\$	0.0	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			\$_		0.00		\$	0.0		
	8g.	Pension or retirement income	8g	j.	\$_		0.00	_	\$	0.0	00	
	8h.	Other monthly income. Specify: Tax Refund ProRata	8h	1.+	\$_	250	0.00) +	\$	0.0	00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	250	0.00)	\$	0.	.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,386.00			2,507.00	= \$		4,893.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		2,300.00			2,307.00	-		+,033.00
11.	Stat Incli	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of relatives. Into the contribution of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expenses that you list in Schedule ude contributions from the expen	depe									0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								\$		4,893.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							Coml		ed income
		Yes. Explain: Husband debtor lost salaried based job with high	ner p	pay	y ra	te resultir	ng i	n a	\$13,000/yı	pay (cut.	Means

Official Form 106I Schedule I: Your Income page 2

test reflects the higher pay average.

						_		
Fill	in this informa	ition to identify y	our case:					
Deb	otor 1	Ronald Jeffe	ery Gardr	ner			ck if this is:	
	otor 2 ouse, if filing)	Amber Jean	Gardner					wing postpetition chapter the following date:
Unit	ed States Bankı	ruptcy Court for the	: SOUTH	HERN DISTRICT OF INDIA	ANA		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be info	as complete ormation. If m	and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this				or supplying correct
Par 1.	t 1: Desci	ribe Your House	ehold					
١.	□ No. Go to	o line 2.						
			in a separ	ate household?				
	■ N □ Y		st file Offic	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Deb	otor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Dependent-Co Student	ollege	18 yrs	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes
								□ No □ Yes
3.	expenses o	penses include of people other to d your depende nate Your Ongoi	han ents?	No Yes ly Expenses				1 163
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgag	je 4. S	.	1,095.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. S	B	0.00
		erty, homeowner'	s, or renter	's insurance		4b. S	·	25.00
		-	•	upkeep expenses		4c. 9		90.00
5.		owner's associa mortgage pavm		dominium dues our residence, such as ho	me equity loans	4d. 9 5. 9	·	0.00 0.00
٥.		ייינטק טפייפייייי	· · · · · · · ·		oquity lourio	0.	·	0.00

ebtor 1	Ronald Jeffery Gardner			
btor 2	Amber Jean Gardner	Case num	ber (if known)	
Utili	ins			
6a.	Electricity, heat, natural gas	6a.	\$	325.00
6b.	Water, sewer, garbage collection	6b.		80.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
6d.		6d.	\$	0.00
ou.	Other. Specify: Cable/Satellite	ou.	·	70.00
	Internet		\$	70.00
_	Cell Phones		\$	221.00
	d and housekeeping supplies	7.	\$	900.00
_	dcare and children's education costs	8.	\$	200.00
	ning, laundry, and dry cleaning	9.	\$	130.00
Pers	onal care products and services	10.	\$	120.00
Med	ical and dental expenses	11.	\$	120.00
Tran	sportation. Include gas, maintenance, bus or train fare.			200.00
	ot include car payments.	12.	·	300.00
Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Cha	itable contributions and religious donations	14.	\$	0.00
Insu	rance.			
	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	119.00
15d.	Other insurance. Specify:	15d.	\$	0.00
Taxe	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		-	
Spec	, , ,	16.	\$	0.00
Insta	Illment or lease payments:			
	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		•	
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	400.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec	ify:	19.	·	
Othe	r real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.	· .	0.00
	Homeowner's association or condominium dues	20e.	: —	0.00
		21.		
	r: Specify: Banking & Incidentals		· ·	14.00
	o Maintenance		+\$	75.00
Pet	care		+\$	50.00
Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	4,504.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,304.00
			·	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,504.00
Calo	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,893.00
	Copy your monthly expenses from line 22c above.	23b.	•	4,504.00
۷۵۵.	Copy your monthly expenses from the 220 above.	۷۵۵.		4,304.00
230	Subtract your monthly expenses from your monthly income.			
۷٥٥.	The result is your <i>monthly net income</i> .	23c.	\$	389.00
	The result is your monthly her mounte.			
For e	ou expect an increase or decrease in your expenses within the year after yo xample, do you expect to finish paying for your car loan within the year or do you expect you			or decrease because of a
	ication to the terms of your mortgage?			
■ N	0.			
\square Y	es. Explain here:			

Fill in this infor	mation to identify your	rase:		
Debtor 1	Ronald Jeffery Ga First Name	Middle Name	Last Name	
Debtor 2	Amber Jean Gard	ner		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA	
Case number				
(if known)				☐ Check if this is an amended filing
Official Ford Declara t		n Individual	Debtor's Schedules	12/15
obtaining mone years, or both. 1		n connection with a bank	s or amended schedules. Making a false struptcy case can result in fines up to \$25	
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankruptcy forms	s?
■ No				
☐ Yes.	Name of person			Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with this decla	ration and
X /s/ Roi	nald Jeffery Gardner		X /s/ Amber Jean Gardner	
	d Jeffery Gardner		Amber Jean Gardner	
Signatu	re of Debtor 1		Signature of Debtor 2	
Date _	December 12, 2019		Date December 12, 2019)

Fill	in this inforn	nation to identify you	r case:			
Deb	tor 1	Ronald Jeffery (Gardner Middle Name	Lost Nome		
Deb	tor 2	Amber Jean Gai		Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Cas	e number					
(if kno						☐ Check if this is an
						amended filing
~ (4.07				
	ficial Fo		Affaina fan Indini	duals Filing for	. Dan I	
			Affairs for Indivi			
			ible. If two married people attach a separate sheet to			ible for supplying correct s, write your name and case
		n). Answer every que		·	,	•
Par	Give D	Details About Your Ma	arital Status and Where Yo	u Lived Before		
1.	What is you	r current marital statu	ıs?			
	■ Married					
	■ Married ■ Not mar					
2.	During the I	ast 3 years have you	lived anywhere other than	where you live now?		
	_	uot o yeuro, nave yeu	inved anywhere other than	where you live how.		
	□ No ■ Voc Lie	at all of the places you	ived in the last 3 years. Do r	act include where you live	2011	
	- 165. LIS	st all of the places you	ived in the last 5 years. Do i	lot include where you live	now.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior	Address:	Dates Debtor 2 lived there
	11500 Mag	gnolia Apt 23	From-To: 6//17-10/18	■ Same as Deb	otor 1	Same as Debtor 1
	Cillio, CA	191710	3,717 13,713			From-To:
	1310 Gone	ova Dr, Apt 102	From-To:			
	Corona, C		1/17-6/17	■ Same as Deb	otor 1	Same as Debtor 1 From-To:
			ver live with a spouse or le Ilifornia, Idaho, Louisiana, Ne			e or territory? (Community property ngton and Wisconsin.)
	_	,	, ,	,	, ,	,
	■ No	aka sura yau fill aut Sa	hedule H: Your Codebtors (C	Official Form 106H)		
		ake sure you iiii out oo	redule 11. Tour Codebiors (C	omolai i omi roorij.		
Part	Explai	in the Sources of You	r Income			
4.	Did you have	e any income from er	nployment or from operati	ng a business during thi	s year or the two pre	evious calendar years?
			u received from all jobs and have income that you received			•
	_	ig a joint case and you	nave moonie mat you recon	ve together, hat it offly offer	diadi Bester 1.	
	□ No □	lia tha d-t-!!-				
	res. Fill	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of inc d Check all that a	
				exclusions)		and exclusions)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Ronald Jeffery Gardner Debtor 2 Amber Jean Gardner							se number (if known)				
				Debtor 1					Debtor 2		
				Sources	of income that apply.	(befo	s income re deductions sions)	s and	Sources of Check all tha		Gross income (before deductions and exclusions)
		1 of currei iled for bar	nt year until kruptcy:	■ Wages bonuses,	s, commissions, tips		\$41,40	1.00	■ Wages, cobonuses, tips		\$41,291.00
				☐ Opera	ting a business				☐ Operating	g a business	
For last of (January		dar year: December	31, 2018)	■ Wages bonuses,	s, commissions, tips		\$57,85	8.00	■ Wages, co	ommissions,	\$1,738.00
				☐ Opera	ting a business				☐ Operating	g a business	
		lar year be December		■ Wages bonuses,	s, commissions, tips		\$	0.00	■ Wages, co	ommissions,	\$0.00
				☐ Opera	ting a business				☐ Operating	g a business	
_	No Yes.	Fill in the de	tails.	Debtor 1 Sources	of income	Gros	s income fro	om	Debtor 2 Sources of	income	Gross income
				Describe I		each (befo	s income fro source re deductions sions)		Describe bel		(before deductions and exclusions)
Part 3:	List	Certain Pa	vments You	Made Befo	ore You Filed for		,				
6. <u>A</u> re e		Debtor 1's Neither De	or Debtor 2	s debts pr ebtor 2 ha	imarily consume	r debts? umer del	bts. Consum	er debts	s are defined in	11 U.S.C. § 10	11(8) as "incurred by an
			•	•	for bankruptcy, d	id you pa	ay any credito	r a tota	l of \$6,825* or	more?	
		□ No. □ Yes	paid that cre	each credito editor. Do n		nts for do	mestic suppo				the total amount you and alimony. Also, do
		* Subject			2 and every 3 year			iled on	or after the dat	e of adjustmen	t.
	Yes.				e primarily consulfor bankruptcy, d			r a tota	I of \$600 or mo	re?	
		■ No.	Go to line 7								
		□ Yes		ments for d	• • •						t creditor. Do not include payments to an
Cred	ditor'	s Name and	l Address		Dates of payme	ent	Total amo		Amount you		payment for
							ŗ	aid	still owe		

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Debtor Debtor	<u> </u>		Cas	se number (if known)		
<i>Ins</i> of v a b	thin 1 year before you filed for bankrupto- iders include your relatives; any general parawhich you are an officer, director, person in usiness you operate as a sole proprietor. 1 mony.	artners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	I partner; corporations gent, including one fo
	No Yes. List all payments to an insider.					
In	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
ins	thin 1 year before you filed for bankrupt ider? lude payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	No					
In:	Yes. List all payments to an insider sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Part 4:	Identify Legal Actions, Repossession	as and Foreclosures	paid	Juli Owc	morade cred	ioi 3 name
List	thin 1 year before you filed for bankrupte t all such matters, including personal injury difications, and contract disputes.					
	No					
	Yes. Fill in the details.					
	ase title ase number	Nature of the case	Court or agency		Status of th	e case
B'	nknown Plaintiff vs AMBER YTHEWAY, NATHAN BYTHEWAY 99700554	CIVIL JUDGMENT	DAVIS DISTRIC	CT COURT	☐ Pending ☐ On appe ☐ Conclude	
					- 7,213.00	
	thin 1 year before you filed for bankrupt eck all that apply and fill in the details below		rty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	No. Go to line 11. Yes. Fill in the information below.					
Cr	editor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	I			property
	thin 90 days before you filed for bankrup counts or refuse to make a payment bec No		uding a bank or fii	nancial institution	, set off any a	mounts from your
	Yes. Fill in the details.					
Cr	reditor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
	thin 1 year before you filed for bankrupt urt-appointed receiver, a custodian, or a		rty in the possess	ion of an assigne	e for the bene	fit of creditors, a
	No					
	Yes					

	btor 1 Ronald Jeffery Gardner btor 2 Amber Jean Gardner		Case no	umber (if known)	
Da	w.F. Liet Contain Cifts and Contain vition				
Pa	rt 5: List Certain Gifts and Contributions	5			
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ıptcy, did you give	any gifts with a total value of r	more than \$600 per person	?
	☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$60 per person	Describe	the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru No	ıptcy, did you give	any gifts or contributions with	a total value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co	ontribution.			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		what you contributed	Dates you contributed	Value
Dα	rt 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?	otcy or since you f	iled for bankruptcy, did you los	e anything because of thef	t, fire, other disaster
	■ No				
	☐ Yes. Fill in the details.				
		Include the amount	rance coverage for the loss that insurance has paid. List pen in line 33 of Schedule A/B: Proper		Value of property lost
Ρa	rt 7: List Certain Payments or Transfers				
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or pullinclude any attorneys, bankruptcy petition p	otcy, did you or an preparing a bankru	ptcy petition?		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address	Description transferre	on and value of any property	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not Y	OU		made	
	Law Office of Thomas D. Bushhorn, LLC 1015 3rd St. Ste E		Fees	11/19-12/19	\$1,100.00
	Columbus, IN 47201 bushhornlaw@att.net				
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors or to make pa	ayments to your creditors?	f pay or transfer any prope	rty to anyone who
	■ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address	Description transferre	on and value of any property d	Date payment or transfer was made	Amount of payment

	otor 1 otor 2	Ronald Jeffery Gardner Amber Jean Gardner			Case num	ber (if known)	
18.	Includinclud	in 2 years before you filed for bankrupto ferred in the ordinary course of your but de both outright transfers and transfers mad de gifts and transfers that you have alread	usiness or financial af ade as security (such as	fairs? the granting of a s			
	_	Yes. Fill in the details.					
	Pers Addi	on Who Received Transfer ress	Description and property transfe		payme	be any property or ents received or debts n exchange	Date transfer was made
	Pers	son's relationship to you					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device obeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.				of which you are a		
		ne of trust	Description and	value of the prop	erty trans	ferred	Date Transfer was
							made
Pai	rt 8:	List of Certain Financial Accounts, Ins	struments, Safe Depos	sit Boxes, and Sto	orage Units	S	
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, br houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. 							
		ne of Financial Institution and ress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	cash,	ou now have, or did you have within 1 y , or other valuables?	year before you filed fo	or bankruptcy, an	y safe dep	osit box or other deposi	tory for securities,
		No Yes. Fill in the details.					
	Nam	ne of Financial Institution ress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?
22.	Have	you stored property in a storage unit of	or place other than you	ur home within 1 y	year befor	e you filed for bankruptc	y?
	_	No Yes. Fill in the details.					
		ne of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?
Pai	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.	-	ou hold or control any property that son precione.	meone else owns? Inc	lude any propert	y you borr	owed from, are storing f	or, or hold in trust
		No					
		Yes. Fill in the details.					
		ner's Name ress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City,		Describe t	the property	Value

Official Form 107

Debtor's mother

Chevy Caprice

Debtor's residence

\$1,000.00

Debtor 1 Ronald Jeffery Gardner
Debtor 2 Amber Jean Gardner

Case number (if known)

Par	Part 10: Give Details About Environmental Information					
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic s	substance,		
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred.			
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environme	ental law?		
	■ No □ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any	release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.					
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name	Nature of the case	Status of the case		

Part 11: Give Details About Your Business or Connections to Any Business

27.	27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing ex	xecutive of a corporation					
☐ An owner of at least 5% of the voting or equity securities of a corporation							
■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.						
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.				
	(Number Street City State and ZID Code)						

State and ZIP Code)

Official Form 107

Dates business existed

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Debtor 1 Ronald Jeffery Gardner		
Debtor 2 Amber Jean Gardner		Case number (if known)
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement t	o anyone about your business? Include all financial
■ No		
Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ronald Jeffery Gardner	/s/ Amber Jean Gardner	years, or both.
•		
Ronald Jeffery Gardner	Amber Jean Gardner	
•	Amber Jean Gardner Signature of Debtor 2	
Signature of Debtor 1		9
Signature of Debtor 1 Date December 12, 2019	Signature of Debtor 2 Date December 12, 2019	
Signature of Debtor 1 DateDecember 12, 2019 Did you attach additional pages to <i>Your Statem</i>	Signature of Debtor 2 Date December 12, 2019	
Signature of Debtor 1 DateDecember 12, 2019 Did you attach additional pages to <i>Your Statem</i> ■ No	Signature of Debtor 2 Date December 12, 2019	
Signature of Debtor 1 Date December 12, 2019 Did you attach additional pages to Your Statem No Yes Did you pay or agree to pay someone who is no	Signature of Debtor 2 Date December 12, 2019 Description of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?
Ronald Jeffery Gardner Signature of Debtor 1 Date December 12, 2019 Did you attach additional pages to Your Statem No Yes Pid you pay or agree to pay someone who is not	Signature of Debtor 2 Date December 12, 2019 Description of Financial Affairs for Individuals F	Filing for Bankruptcy (Official Form 107)?

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

R&R (rev 06/08/15)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA

Case Name: Ronald Jeffery Gardner Case No.

Amber Jean Gardner

RIGHTS AND RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

It is important for debtors who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that debtors know what their attorney's responsibilities are and understand the importance of communicating with their attorney to make the case successful. Debtors should also know that they may expect certain services to be performed by their attorney. In order to assure that debtors and attorneys understand their rights and responsibilities in the bankruptcy process, the following guidelines provided by the Court are hereby agreed to by the debtors and their attorney.

BEFORE THE CASE IS FILED

The debtor agrees to:

- 1. Provide the attorney with complete, accurate and current financial information.
- 2. Discuss with the attorney the debtor's objectives in filing the case.
- 3. Disclose any previous bankruptcies filed in the previous 8 years.
- 4. Unless excused under 11 U.S.C. § 109(h), receive a briefing from an approved nonprofit budget and credit counseling agency and provide the attorney with a copy of the certificate from the agency showing such attendance, as well as a copy of the debt repayment plan, if any, developed through the agency.
 - 5. Disclose to the attorney any and all domestic support obligations.

The attorney agrees to:

- 1. Meet with the debtor to review the debtor's debts, assets, liabilities, income and expenses.
- 2. Counsel the debtor regarding the advisability of filing either a Chapter 7 or Chapter 13 case, provide debtor with the notice required under 11 U.S.C. § 342(b) if applicable, discuss both procedures with the debtor and answer the debtor's questions.
- 3. Explain what payments will be made to creditors directly by the debtor and what payments will be made through the Chapter 13 plan, with particular attention to mortgage and vehicle loan payments, any other debts that accrue interest, domestic support obligations and leases.
- 4. Explain to the debtor how, when and where to make payments, pursuant to the plan, to the Chapter 13 trustee and of the necessity to include the debtor's case number, name and current address on each payment item.
- 5. Explain to the debtor how the attorney and trustee's fees are paid and provide an executed copy of this document to the debtor.
- 6. Explain to the debtor that the first payment due under Chapter 13 must be made to the trustee within 30 days of filing of the bankruptcy petition.
- 7. Advise the debtor of the requirement to attend the Section 341 Meeting of Creditors and instruct the debtor as to the date, time and place of the meeting and of the necessity to bring both picture identification and proof of the debtor's social security number to the meeting.
- 8. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on leased vehicles or those securing loans, and of the obligation to bring copies of the declaration page(s) documenting such insurance to the Meeting of Creditors.
- 9. Advise debtors engaged in business of the necessity to maintain liability insurance, workers compensation insurance, if required, and any other insurance coverage required by law.
- 10. Timely prepare and file the debtor's petition, plan, statements, schedules, and any other papers or documents required under the Bankruptcy Code.

 $Case\ Name:\ \textbf{Ronald\ Jeffery\ Gardner}$

Amber Jean Gardner Case No.

AFTER THE CASE IS FILED

The debtor agrees to:

- 1. Timely make all required payments to the Chapter 13 trustee that first become due 30 days after the case is filed. Also, if required, turn over any tax refunds, personal injury settlement proceeds or any other property as requested by the trustee.
- 2. Timely make all post-petition payments due to mortgage lenders, holders of domestic support obligations, lessors, and any other creditor that debtor agreed or is obligated to pay directly.
 - 3. Cooperate with the attorney in the preparation of all pleadings and attend all hearings as required.
 - 4. Keep the trustee, attorney and Court informed of any changes to the debtor's address and telephone number.
 - 5. Prepare and file any and all federal, state and local tax returns within 30 days of filing the petition.
- 6. Inform the attorney of any wage garnishments or attachments of assets which occur or continue to occur after the filing of the case.
- 7. Contact the attorney promptly with any information regarding changes in employment, increases or decreases in income or other financial problems or changes.
- 8. Contact the attorney promptly if the debtor acquires any property after the petition is filed. Such property might include, but is not limited to, personal injury proceeds, inheritances, lottery winnings, etc.
 - 9. Inform the attorney if the debtor is sued during the case.
- 10. Inform the attorney if any tax refunds to which the debtors are entitled are seized or not returned to the debtor by the IRS, the Indiana Department of Revenue or any other taxing authority.
- 11. Contact the attorney to determine whether court approval is required before buying, refinancing or selling real property or before entering into any long-term loan agreement.
 - 12. Pay any filing fees and courts costs directly to the attorney.
- 13. If the requirements of 11 U.S.C. § 109(h) were waived by the Court when the case was first filed, receive a briefing from an approved nonprofit budget and credit counseling agency within 30 days of the case being filed (unless the Court, for cause, extends such time) and provide counsel with the certificate from the agency stating that the debtor attended such briefing.
- 14. Unless such attendance is excused under 11 U.S.C. § 1328(f), complete an instructional course concerning personal financial management and shall promptly submit to the debtor's attorney a signed and completed Certification of Completion of Instruction Course Concerning Personal Financial Management.
 - 15. Cooperate fully with any audit conducted pursuant to 28 U.S.C. § 586(a).
- 16. After all plan payments have been made, and if the debtor is eligible for a discharge, timely provide counsel with the information needed to complete any documents required by the Court before a discharge will be entered.

The attorney agrees to provide the following legal services:

- 1. Appear at the Section 341 Meeting of Creditors with the debtor.
- 2. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
- 3. Timely submit properly documented profit and loss statements, tax returns and proof of income when requested by the trustee.
 - 4. Prepare, file and serve necessary modifications to the plan.
- 5. Prepare, file and serve necessary amended statements and schedules, in accordance with information provided by the debtor.
 - 6. Prepare, file and serve necessary motions to buy, sell or refinance property when appropriate.
 - 7. Object to improper or invalid claims, if necessary, based upon documentation provided by the debtor or trustee.
 - 8. Represent the debtor in motions for relief from stay and motions to dismiss and/or convert.
 - 9. Where appropriate, prepare, file, serve and notice motions to avoid liens on real or personal property.
 - 10. Where appropriate, prepare, file and serve a summons and complaint to avoid a wholly unsecured mortgage.
 - 11. Be available to respond to debtor's questions throughout the life of the plan.
- 12. Negotiate with any creditor holding a claim against the debtor that is potentially nondischargeable to determine if the matter can be resolved prior to litigation. Discuss with debtor the cost and advisability of litigating the dischargeability of the claim. The attorney is not required, however, to represent the debtor in any adversary proceeding to determine the nondischargeability of any debt pursuant to these Rights and Responsibilities.
 - 13. Represent the debtor with respect to any audit conducted pursuant to 28 U.S.C. § 586(a).

Case Name: Ronald Jeffery Gardner

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14. Negotiate all reaffirmation agreements and appear with the debtor at any hearing on same.

15. After all plan payments have been made, and if the debtor is eligible for a discharge, prepare, file and serve any documents required by the Court before a discharge will be entered.

The total fee charged in this case is \$4,000.00. If this fee later proves to be insufficient to compensate the attorney for the legal service rendered in the case, the attorney has the right to apply to the court for any additional attorney fees. Fees shall be paid through the plan unless otherwise ordered. The attorney may not receive additional fees directly from the debtor other than the initial retainer. If an attorney has elected to be compensated pursuant to these guidelines, but the case is dismissed prior to confirmation of the plan, absent contrary order, the trustee shall pay to the attorney, to the extent funds are available, an administrative claim equal to 50% of the unpaid fee balance if a properly documented fee claim (for the entire fee balance) has been filed by the attorney and served upon the trustee.

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If the debtor disputes the legal services provided or the fees charged by the attorney, an objection must be filed with the Court.

Dated:	December 12, 2019	/s/ Ronald Jeffery Gardner	
		Ronald Jeffery Gardner	
		Debtor	
Dated:	December 12, 2019	/s/ Amber Jean Gardner	
		Amber Jean Gardner	
		Debtor	
Dated:	December 12, 2019	/s/ Thomas D. Bushhorn	
		Thomas D. Bushhorn 24573-79	
		Attorney for Debtor(s)	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

In re	Ronald Jeffer Amber Jean 0			Case No.	
			Debtor(s)	Chapter	13
			MPENSATION OF ATTOI		
	compensation paid to	o me within one year before the	2. 2016(b), I certify that I am the attorn the filing of the petition in bankruptcy, lation of or in connection with the ban	or agreed to be paid	to me, for services rendered or to
					4,000.00
	Prior to the filir	ng of this statement I have rec	eived	\$	1,100.00
	Balance Due			\$	2,900.00
2.	The source of the co	mpensation paid to me was:			
	Debtor	☐ Other (specify):			
3.	The source of compe	ensation to be paid to me is:			
	Debtor	☐ Other (specify):			
4.	■ I have not agree	d to share the above-disclosed	compensation with any other person	unless they are mem	bers and associates of my law firm.
			mpensation with a person or persons v the names of the people sharing in the		
5.	In return for the abo	ve-disclosed fee, I have agree	ed to render legal service for all aspect	s of the bankruptcy c	ase, including:
	 b. Preparation and f 	filing of any petition, schedule f the debtor at the meeting of	d rendering advice to the debtor in detest, statement of affairs and plan which creditors and confirmation hearing, and	may be required;	
6.	By agreement with t	he debtor(s), the above-disclo	sed fee does not include the following	g service:	
			CERTIFICATION		
	I certify that the fore pankruptcy proceedir		t of any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
	ecember 12, 2019	9	/s/ Thomas D. Bu	shhorn	
L	D ate		Thomas D. Bushl Signature of Attorne		
			Law Office of The	omas D. Bushhorr	n, LLC
			1015 3rd St. Ste E Columbus, IN 472		
			812.314.8404	201	
			bushhornlaw@at	t.net	
			Name of law firm		

United States Bankruptcy Court Southern District of Indiana

	ld Jeffery Gardner er Jean Gardner		Case No.	
		Debtor(s)	Chapter	13
VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.				
Date: Decer	nber 12, 2019	/s/ Ronald Jeffery Gardner		
		Ronald Jeffery Gardner		
		Signature of Debtor		
Date: Decer	nber 12, 2019	/s/ Amber Jean Gardner		
		Amber Jean Gardner		

Signature of Debtor

AARGON AGENCY INC ATTN: BANKRUPTCY 8668 SPRING MOUNTAIN ROAD LAS VEGAS, NV 89117

BONNEVILLE COLLECTIONS PO BOX 150621 OGDEN, UT 84415

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CASCADE CAPITAL, LLC C/O BLITT & GAINES 661 GLENN AVENUE WHEELING, IL 60090

CHASE BANK
POB 36520
LOUISVILLE, KY 40233-6520

CHEX SYSTEMS
7805 HUDSON RD, STE 100
SAINT PAUL, MN 55125

CITIBANK NORTH AMERICA CITIBANK SD MC 425 5800 SOUTH CORP PLACE SIOUX FALLS, SD 57108 COLUMBIA DEBT RECOVERY 1309 120TH AVENUE NE BELLEVUE, WA 98009

COLUMBUS REGIONAL HOSPITAL POB 2129 COLUMBUS, IN 47202-2129

COMPLETE REAL ESTATE SOLUTIONS, LLC 859 RIVERSIDE DRIVE, STE 2 GREENWOOD, IN 46142

CREDIT ACCEPTANCE 25505 WEST 12 MILE RD SUITE 3000 SOUTHFIELD, MI 48034

CREDIT COLLECTION SERVICES ATTN: BANKRUPTCY 725 CANTON ST NORWOOD, MA 02062

CREDIT ONE BANK ATTN: BANKRUPTCY DEPARTMENT PO BOX 98873 LAS VEGAS, NV 89193

CREDIT ONE BANK 6801 S CIMARRON RD LAS VEGAS, NV 89113 DEPT OF INTERIOR FCU 1849 C ST NW RM B038 WASHINGTON, DC 20240

EARNING ACTIVE HOURS POB 46 PALO ALTO, CA 94301

ENTERPRISE RENT A CAR POB 26501 INDIANAPOLIS, IN 46226

FAIR SERVICES
POB 206536
DALLAS, TX 75320-6536

FAIRWAY COLLECTIONS 1616 S. GOLD STREET SUITE 5 CENTRALIA, WA 98531

FINANCIAL AND RETAIL SERVICES POB 9491 MINNEAPOLIS, MN 55440

FINANCIAL ASSISTANCE, INC ATTN: BANKRUPTCY 1130 140TH AVE NE, STE 100A BELLEVUE, WA 98005 FINANCIAL CNTR FIRST C P.O. BOX 26501 INDIANAPOLIS, IN 46226

FIRST PREMIER BANK ATTN: BANKRUPTCY PO BOX 5524 SIOUX FALLS, SD 57117

I.C. SYSTEM, INC ATTN: BANKRUPTCY PO BOX 64378 ST. PAUL, MN 55164

INTERIOR FCU 1849 C ST NW WASHINGTON, DC 20240

INTERMOUNTAIN HEALTHCARE 36 S STATE STREET SALT LAKE CITY, UT 84111

JEFFERSON CAPITAL SYSTEMS, LLC PO BOX 1999 SAINT CLOUD, MN 56302

KLARNA 629 N HIGH ST COLUMBUS, OH 43215 KOHLS/CAPITAL ONE ATTN: CREDIT ADMINISTRATOR PO BOX 3043 MILWAUKEE, WI 53201

LINEBARGER GOGGAN BLAIR & SAMPSON POB 3856 URBANDALE, IA 50323-3856

LVNV FUNDING/RESURGENT CAPITAL ATTN: BANKRUPTCY PO BOX 10497 GREENVILLE, SC 29603

NETCREDIT 175 W. JACKSON BLVD., SUITE 1000 CHICAGO, IL 60604

NORTH AMERICAN RECOVERY ATTN: BANKRUPTCY PO BOX 271014 SALT LAKE CITY, UT 84127

OBEE CREDIT UNION 8665 MARTIN WAY E OLYMPIA, WA 98516

OLYMPIA MEDICAL 5900 W OLYMPIC BLVD, LOS ANGELES, CA 90036 PARAMOUNT 3287 S HIGHWAY 89 BOUNTIFUL, UT 84010

PENN FOSTER 925 OAK ST SCRANTON, PA 18515

PENTAGON FEDERAL CR UN ATTENTION: BANKRUPTCY PO BOX 1432 ALEXANDRA, VA 22314

PRIME ACCEPTANCE CORP ATTN: BANKRUPTCY PO BOX 768 SANDY, UT 84091

PRO COLLECT, INC ATTN: BANKRUPTCY 12170 N ABRAMS ROAD, SUITE 100 DALLAS, TX 75243

PROGRESSIVE POB 31260 TAMPA, FL 33631

RA ROGERS INC COLL C 2135 ESPEY CT, #7 CROFTON, MD 21114 RCI 211 MORRIS AVE S, RENTON, WA 98057

RENTON COLLECTION SERVICES 211 MORRIS AVE S, RENTON, WA 98057

SCE (SOUTHERN CALIFORNIA EDISON) ATTN: BANKRUPTCY PO BOX 800 ROSEMEAD, CA 91770

SECURITY CREDIT SERVICES ATTN: BANKRUPTCY PO BOX 1156 OXFORD, MS 38655

SEQUOIA FINANCIAL SVCS ATTN: BANKRUPTCY 28632 ROADSIDE DR , STE 110 AGOURA HILLS, CA 91301

SOUTHERN CALIFORNIA EDISON PON 6109 COVINA, CA 91722

SYNCHRONY BANK/CARE CREDIT ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896 SYNCHRONY BANK/LOWES ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK/PAYPAL CR ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896

TARGET
ATTN: BANKRUPTCY
PO BOX 9475
MINNEAPOLIS, MN 55440

THE BUSINESS OFFICE POB 379 GREENSBURG, IN 47240

UPLIFT, INC. 801 EL CAMINO REAL MENLO PARK, CA 94025

USCB CORPORATION ATTN: BANKRUPTCY PO BOX 75 ARCHBALD, PA 18403

VERIZON ATTN: WIRELESS BANKRUPTY ADMIN 500 TECHNOLOGY DR STE 500 WELDON SPRINGS, MO 63304